

CHANGE OF ADDRESS

- The contract Purchaser should complete this form to make changes to the address, email and/or phone number(s) for all people associated with the existing contract.
- Complete all sections of this form and include signature or processing will be delayed.

Current Contract Information

GET Contract Number	<hr/>	
Purchaser	<hr/>	<hr/>
	Name	SSN or TIN
Student	<hr/>	<hr/>
	Name	SSN or TIN

New Address / Telephone Number Change

Street Address/Apt Number	<hr/>	
Post Office Box Number	<hr/>	
City / State / Zip Code	<hr/>	
Email Address	<hr/>	
Telephone Number (s)	Home <hr/>	Work <hr/>

Apply address changes for this contract to the person(s) indicated below (Check all that apply)

<input type="checkbox"/> Purchaser	<hr/>	<input type="checkbox"/> Gifto	<hr/>
	Purchaser's name		Gifto's name
<input type="checkbox"/> Student	<hr/>	<input type="checkbox"/> Guardian	<hr/>
	Student's name		Guardian's name
<input type="checkbox"/> Purchaser Survivor	<hr/>	<input type="checkbox"/> Trustee	<hr/>
	Purchaser Survivor's name		Trustee's name
<input type="checkbox"/> Information Release	<hr/>	<input type="checkbox"/> Other	<hr/>
	Information Release's name		Other Person's name

Signature - REQUIRED

Only the contract Purchaser may authorize contract changes to the existing contract.

I certify under penalty of perjury that I am the legal contract Purchaser and I authorize these requested changes to the Guaranteed Education Tuition Program contract indicated above.

Purchaser's Signature <hr/>	Date <hr/>
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Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318